

**VERIFICATION OF SOCIAL WORK LICENSURE IN ANOTHER STATE
(APPLICANTS WHO ARE, OR HAVE BEEN, LICENSED IN ANOTHER STATE)**

Applicants are requested to complete the top section of this form and mail to each state board in which you are currently licensed or have ever been licensed to practice social work. If needed, you may xerox this form for additional copies.

Dear Sir/Madam:

In applying for a license to practice social work in the State of South Carolina, the Board of Social Work Examiners requires this form to be completed by each state wherein I hold or have ever held a license. My signature below is your authority to release any and all information in my file, favorable or otherwise regarding myself, directly to:

S.C. Board of Social Work Examiners
P.O. Box 11329
Columbia, SC 29211-1329
Telephone: (803) 896-4665
Fax: (803) 896-4687

Please type or Print

Signature _____
Name _____
Address _____
City _____ State _____ Zip _____

This section should be completed by an official of the state board and returned directly to the SC Bd of SW Examiners.

Verification of Licensee

Full Name of Licensee: _____

State of: _____ License Number: _____ Date of Issue: _____

Expiration Date: _____ Is License Current? _____ If no, why not? _____

Is License in Good Standing? _____ If no, why not? _____

Has License ever been suspended, revoked or restricted? _____ If yes, please attach copies of any actions.

Derogatory Information, if any: _____

Level of Licensure

Level of Licensure: _____ Is this the highest level in your state? _____ If not, what is? _____

Verification of Clinical Supervision

If licensed at the highest level, was 2 years of clinical supervision completed? _____

If yes, what are the dates? From: _____ to _____ How many hours were completed? _____

Supervisor's Name: _____ License Number & Level: _____

Verification of Examination

Licensed by: () ASWB Examination () grandfathering () other

Level of Exam: _____ Passing Score: _____ If other, what exam? _____

If grandfathered in, did licensee ever take the exam? _____ If yes: Level: _____ Score: _____

BOARD SEAL

Signature: _____

Printed Name: _____

Title: _____

Name of Licensing Bd: _____

DATE: _____
